

# HARVARD UNIVERSITY

DEPARTMENT OF CANCER BIOLOGY  
HARVARD SCHOOL OF PUBLIC HEALTH  
665 HUNTINGTON AVENUE  
BOSTON, MASSACHUSETTS. 02115



August 12, 1985

Dr. Harold Varmus  
Department of Microbiology and  
Immunology  
School of Medicine  
University of California  
San Francisco, CA 94143

Dear Harold:

Aside from our conversation in June, I have remained relatively silent concerning my opinion on the nomenclature. I have thought long and hard about the issue. As one of the few members of the committee who has been heavily involved in research with the agent(s) but was not involved in the introduction of any of the terms, I decided to wait and weigh as many proposals as possible before forming an opinion. I also solicited several. Some were forwarded to you at the time. The two that were not (Pagano, Kirsten) are enclosed.

Having been through the successful nomenclature committee experience in the case of the onc genes, I was probably unduly optimistic. It now seems extremely unlikely that we will reach a consensus on a specific term. Perhaps the only reasonable course is to table the issue for a year or so and to try again then or to simply give up entirely.

This said, I have filed my ballot with the term HTLV-3/LAV (or HTLV-III/LAV). I recognize that it is cumbersome. Although this term is also vigorously opposed by some, most of the opponents are virologists who do not work with the agents. Their impact is thus likely to be lessened.

It seems to me that several issues come into play to negate the possibility that a meaningful consensus can be reached for any other term. These are:

(1) There is already a substantial literature that has accumulated, almost all with the terminology HTLV-III, LAV, or HTLV-III/LAV. Research using these terms represents almost all of the work already published. Further, a very substantial majority of the published work has come from only a few labs (Gallo, Wong-Staal et al; Haseltine and ourselves; Montagnier, Chermann et al; Weiss; Fauci; Bolognesi). Unless all were to agree to switch en masse, it seems unlikely that any will.

M. Essex, D.V.M., Ph.D., *Chairman*  
(617) 732-1023  
John Cairns, M.D., B.A., B.M.  
732-1240  
Eric Eisenstadt, Ph.D.  
732-1158  
Laurie H. Glimcher, M.D.  
732-0622  
Mark I. Greene, M.D., Ph.D.  
732-1973  
William A. Haseltine, Ph.D.  
732-3068  
Ann R. Kennedy, D.Sc.  
732-1184  
John B. Little, M.D.  
732-1184  
James I. Mullins, Ph.D.  
732-2167  
Richard J. Reynolds, Ph.D.  
732-1184  
Ralph R. Weichselbaum, M.D.  
732-1184

Dr. Harold Varmus  
August 12, 1985

Page -2-

(2) The repondents who have clinical responsibilities (Safai, Gottlieb, Broder, Kaplan, Fauci) seem very concerned about any use of the term AIDS to describe the agent. I believe we should consider their dilemma more ~~c~~arefully and thus would not endorse the term HALV. They represent the many who must inform the million or more that are already infected about the meaning of a subclinical infection with this agent.

Certainly no agent/disease has created such a clamor in the general population in the era of modern virology. Within a year or two after the identification of the agent there is almost universal dissemination of information with daily articles in the lay press, frequent policy pronouncements by governmental agencies, commercialization by many large corporations, etc. The FDA, Abbott, and the CDC have printed brochures for physicians and blood donors using the term HTLV-III (or HTLV-III/LAV). To try to change all that at this point seems futile.

When I first began our modest program with HBV I simply couldn't understand how virologists could tolerate terms such as hepatitis A and hepatitis B when the agents have nothing whatsoever in common except that they cause liver disease. By my second or third year of working with HBV I realized there was nothing that could be done with terms that, albeit totally uninformative or misleading to the student of virology, have become firmly entrenched.

Sincerely,



M. Essex

cc: J. Coffin  
R. Gallo  
A. Haase  
J. Levy  
L. Montagnier  
S. Oroszlan  
H. Temin  
N. Teich  
K. Toyoshima  
P. Vogt  
R. Weiss

ME/jgk